

Foster Family Home - Corrective Action Report

Provider ID: 1-564452

Home Name: Zenaída Sumagit, CNA

Review ID: 1-564452-9

109 Kaniko Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 9/28/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/28/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 8/23/19 and renewed on 10/3/19; Ecrim lapsed on 8/21/19 and renewed on 8/29/19. CG#3's APS/CAN lapsed on 8/23/19 and renewed on 10/3/19; Ecrim lapsed on 8/21/19 and renewed on 8/29/19. HHM#1's APS/CAN lapsed on 8/23/19 and renewed on 10/3/19; Ecrim lapsed on 8/21/19 and renewed on 8/29/19. HHM#2's APS/CAN/Fingerprinting lapsed on 8/19/2020 and no renewal seen in home binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization from landlord for CG#1 to operate a CCFFH.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 and CG#3 did not conduct a fire drill for the past 12 months.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No Admission Policy and Agreement signed upon admission to CCFFH for Client #1 and Client #2.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication Administration Record (MAR) was last signed on 9/18/2020 for Client #1 and for Client #2 was last signed on 9/24/2020.

54.(c)(6)- Daily Care Flowsheet for Client #1 was last signed on 9/18/2020 and for Client #2 was last signed on 9/24/2020.

Thaikel Nakamine, RN
Compliance Manager

[Signature]
Primary Care Giver

9/28/2020
Date

9/28/2020
Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: ZENAIDA SUMAGIT

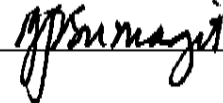
(PLEASE PRINT)

CCFFH Address: 109 KANIKO PLACE, WAHIAWA HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1)	lapses cannot be corrected	10/15/2020	Home will use a wall calendar to put all due dates on. Background checks will be done at least 3 wks before due date to prevent future lapses.
8(a)(2)	Renewed H+M #2's APS/CAN Fingerprinting	10/15/2020	New caregivers/family member will take 2 consecutive year of fingerprinting
41(a)(1)	Obtained a written consent to operate a CCFFH from landlord.	9/29/2020	Home will require a written consent to operate a CCFFH from landlord whenever moving to a new rental.
46(b)(2)	CG #2 conducted the fire drill on October 2, 2020.	10/2/2020	Home will implement that all caregivers are conducting fire drills and document it monthly.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/26/2020

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: ZENAIDA SUMAGIT

(PLEASE PRINT)

CCFFH Address: 109 KANIKO PLACE, WAHIWA HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(5)	Medication Administration Record (MAR) was signed and completed for client #1 and for client #2.	9/28/2020	Home will do the documentation right after administering medication to client #1 and client #2 to prevent violation.
54(c)(6)	Daily Care Flowsheet was signed and completed for client #1 and for client #2.	9/28/2020	Home will do documentation daily to avoid violation for client #1 and for client #2.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Zsurnaga*

Date: 10/26/2020

☒ CTA has reviewed all corrected items